

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

No. 43 -62-019927

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 291 Primary Registration District No. Registrar's No. 72

FILED JUN 5 1962

## 1. PLACE OF DEATH

a. COUNTY

Putnam

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Rural Union Twp.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Unionville, MissouriInside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois b. COUNTY

c. CITY OR TOWN River Forest

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
749 Ashland AvenueReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Mary

Rosalie

McGrath

4. DATE OF DEATH

Month

Day

Year

May 22 1962

## 5. SEX

F

## 6. COLOR OR RACE

W

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12-26-41

## 9. AGE (last birthday)

20

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

4 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stewardess Continental Air Lines

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

U.S.

## 13a. FATHER'S NAME

Mr. Thomas F. McGrath

## 13b. MOTHER'S MAIDEN NAME

Mrs. Rose McGrath

## 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple injuries from plane crash

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Crash of Continental Flight 11

20c. TIME OF INJURY  
9:45 p.m. 5-22-6220d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
on farm

20f. CITY, TOWN, OR LOCATION

Union Twp.

COUNTY

Putnam

STATE

Mo.

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_.  
Death occurred at 9:45 p.m. \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Unionville, Missouri

## 22c. DATE SIGNED

5-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

5-25-62

## 23c. NAME OF CEMETERY OR CREMATORY

Queen of Heaven

## 23d. LOCATION (City, town, or county)

Chicago, Illinois

## 24. FUNERAL DIRECTOR

ADDRESS

Centerville, Iowa

## 25. DATE RECD. BY LOCAL REG.

5-25-62

## 26. REGISTRAR'S SIGNATURE

Marshall Durbin

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/591 0966  
2 29120

3

4 1

5 0

6

7 9

8 1

9 861X

10 39

11 086

12 91-3

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Nugent L. Johnson*

Licensed Embalmer No. *3487*

P. O. Address *Centerville, Ga*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.